

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number <div style="border: 1px solid black; width: 200px; height: 1.2em; margin: 5px auto;"></div>		
3. Site Name (page 10)	Name:		
4. Site Location Information (page 10)	Street Address:		
	City, Town, or Village:	State:	
	County Name:	Zip Code:	
5. Site Land Type (page 10)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A.	B.	
	C.	D.	
7. Site Mailing Address (page 11)	Street or P. O. Box:		
	City, Town, or Village:		
	State:		
	Country:	Zip Code:	
8. Site Contact Person (page 11)	First Name:	MI:	Last Name:
	Phone Number:	Extension:	Email address:
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☐ 2. Transporter of Hazardous Waste**

**Y ☐ N ☐ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site)** Note:
A hazardous waste permit is required for
this activity.

**Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your
site)****Y ☐ N ☐ 5. Exempt Boiler and/or Industrial
Furnace**

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner
Exemption
- ☐ b. Smelting, Melting, and Refining
Furnace Exemption

Y ☐ N ☐ 6. Underground Injection Control**B. Universal Waste Activities**

**Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:**

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☐ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐ 3. Off-Specification Used Oil Burner**Y ☐ N ☐ 4. Used Oil Fuel Marketer**

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 16.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 16.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 16.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)

WASTE RECEIVED FROM OFF SITE

**FORM
WR**

EPA ID NO:

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Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code <div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div>	C. State hazardous waste code <div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>
	D. Off-site handler EPA ID number <div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	E. Quantity received in 2003 <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>.<div><div></div></div></div>	F. UOM Density <div><div><div></div></div><div><div></div><div></div><div></div></div><div>.</div><div><div></div><div></div><div></div></div></div> <div><div><input type="checkbox"/> 1 lbs/gal</div><div><input type="checkbox"/> 2 sg</div></div>
G. Form code <div>[W]<div><div></div><div></div><div></div><div></div></div></div>	H. Management Method code <div>[H]<div><div></div><div></div><div></div><div></div></div></div>		

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code [][][][] [][][][] [][][][] [][][][]	C. State hazardous waste code [][][][][][] [][][][][][]
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 1 [][][][] [][][][][] [][][][][] [][][][][]	E. Quantity received in 2003 [][][][][][][][][][][][][][][] . []	F. UOM Density [] [][] . [][] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code [W][][][][]	H. Management Method code [H][][][][]		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code <div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div> <div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div>	C. State hazardous waste code <div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 <div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div>	E. Quantity received in 2003 <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>.</div><div><div></div><div></div></div></div>	F. UOM Density <div><div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div>.</div><div><div></div><div></div></div></div> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</div>
G. Form code <div>[W]<div><div></div><div></div><div></div><div></div></div></div>	H. Management Method code <div>[H]<div><div></div><div></div><div></div><div></div></div></div>		

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FORM OI

OFF-SITE IDENTIFICATION

EPA ID NO:

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Site 1	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> Zip <div></div> - <div></div>

Site 2	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
C. Handler type (MARK ALL THAT APPLY)		D. Address of off-site installation
<input type="checkbox"/> Generator		Street _____
<input type="checkbox"/> Transporter		City _____
<input type="checkbox"/> TSDR facility		State <div></div> Zip <div></div> - <div></div>

Site 3	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
C. Handler type (MARK ALL THAT APPLY)		D. Address of off-site installation
<input type="checkbox"/> Generator		Street _____
<input type="checkbox"/> Transporter		City _____
<input type="checkbox"/> TSDR facility		State <div></div> Zip <div></div> - <div></div>

Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
C. Handler type (MARK ALL THAT APPLY)		D. Address of off-site installation
<input type="checkbox"/> Generator		Street _____
<input type="checkbox"/> Transporter		City _____
<input type="checkbox"/> TSDR facility		State <div></div> Zip <div></div> - <div></div>

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